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Volunteering with Older People in a Care Home

ABSTRACT

Purpose: The aim of this study is to investigate the influence that volunteering before medical school with older people in a care home has on perceptions of older people

Methods: Eight medical students answered an anonymous questionnaire relating to their experiences of volunteering in a care home before medical school. This was combined with an analysis of the relevant literature.

Findings: All the students had initially volunteered to enhance their CV for medical school. After volunteering they had a greater realisation of the variety of older people. They also gained a number of transferable skills related to communicating with older people, especially those with cognitive impairment. The greatest learning experience was around issues to do with dementia.

Research limitations: The research is based on eight students although they were from different areas

Recommendations for practice: It would be beneficial if care homes could be more proactive in encouraging prospective medical students to volunteer. Medical schools could also provide clearer advice or take a more active stance such as encouraging prospective students to volunteer with older people.

Recommendations for students: Volunteering before medical school should be encouraged as it will enhance the chances of getting a place as well as being an eye opening experience and equip them with lifelong skills

Recommendations for future research: Further research should be with a larger sample to gain insight into varying perspectives. It would also be useful to conduct research into older adults' attitudes towards the contribution of potential medical students to their own lives and to the home.

Originality: No similar study

Key words: older people, care homes, volunteering, medical students, perceptions, dementia

1. Aim

The aim of this study is to investigate the influence that volunteering before medical school with older people in a care home has on perceptions of older people. This is part of a wider study about entry to medical schools (Tinker et al in press).

2. Methods

The group of eight Intercalated Medical (iBSc) students who studied for the Gerontology BSc at King's College London from 2016 – 2017 had all volunteered to work in a care home (7) and a sheltered housing scheme (1) before medical school. They were interested to find out if this had

affected their perceptions of older people. They decided to pool their experiences to find out what the effect of this volunteering had been. This was in conjunction with their Personal Tutor.

The students were all aged 20 – 23. Six were clinical and two pre -clinical. There was one man and seven women in this cohort of iBSc students. It was decided not to analyse on the basis of gender as the man could be identified. The only other variable was ethnic origin where four (using the ONS classification) were White British and four were Asian British. Each student was given a number: White British 1 -4 and Asian British 5 – 8.

The research was a collaborative one with regular meetings and a sharing of experiences. Before the empirical part of the research was undertaken the websites of all the UK University Medical Schools were searched to look for criteria for acceptance as a student. (Tinker et al in press). For the empirical data it was decided that the best approach was through a questionnaire completed by the students anonymously. This was piloted by two of the students, revised and a final version agreed by the group. The questionnaire was a mixture of open and closed questions. The topics covered included how the volunteering was accessed, what tasks were undertaken during the volunteering, skills learned, how valuable the student felt the experience was and how the experience of volunteering had affected their perceptions of older people

The questionnaires were supplemented by an examination of the relevant literature. This research was shared by the group.

3. Background

3. i Getting into medical school

Gaining a place at medical school depends mainly on high academic results at A levels. This is usually at least an A grade in three A level subjects usually including chemistry or biology. However requirements about extracurricular and work experience are not as clear (Collins et al, 1995; Lumsden et al, 2005). Medical schools are beginning to differentiate in the criteria between work experience and volunteering. For example, Sheffield medical school specified “not simply observing but a ‘hands on’ role is extremely valuable”. Evidence from the literature is starting to suggest that volunteering may have more value than the traditional work experience of shadowing clinicians (Teitz, 2011).

3.ii Volunteering with older people

Volunteering with older people is likely to become more important as there will be both more older people and more very old people in the future. Health professionals, especially doctors, are likely to spend an increasing amount of time with this group (Blundell et al, 2011, Vegda et al, 2009).)... While there is growing focus on the teaching of Geriatrics in medical schools (Blundell et al, 2011; Mateos-Nozal and Beard, 2011) it may be helpful to start the focus on older people through

volunteering and work experience before. The focus of the research reported below on the experience of volunteers may help to show the value of it

The status of volunteering in English Higher Education (HE) has been strengthened in recent years, particularly through funding initiatives such as the Higher Education Active Community Fund which funded community engagement programmes in HE between 2002 and 2006. Volunteering has also been integrated in teaching programmes through the development of service learning programmes (Hall et al., 2004), while more generally volunteering is promoted as a way of enhancing students' career prospects' This is at the same time as getting involved in community activities (National Co-ordinating Centre for Public Engagement (NCCPE), 2009). A Scottish study showed that parents and guardians play a significant role in encouraging young people to volunteer, followed by teachers then friends (Volunteer Scotland, 2017). Research shows that if parents volunteer students are more likely to volunteer. Parents are important gatekeepers.

While there is a great deal about volunteering per se, and indeed volunteering with older people, our research is restricted to school children. First from the point of view of providers some do encourage this. For example the British Red Cross has a page for volunteering for young people. It suggests that volunteering can help younger people make a difference whilst improving their CV, enables them to learn new things and does not take up a lot of time:

<http://www.redcross.org.uk/en/Get-involved/Volunteer/Volunteering-for-young-people/Why-volunteer-with-us>.

A list of benefits for the volunteer including a greater sense of purpose, health benefits including improved quality of life, improved ability to cope with ill health and improved self-esteem, an opportunity to learn new skills, and can boost employment prospects. Volunteering matters website <https://volunteeringmatters.org.uk/>:

It also states benefits for society and beneficiaries: It enables people to play an active role in their society and contribute to positive social change, it helps to break down social barriers and offer people an opportunity to socialise with people from different social and cultural backgrounds, enables vulnerable people in society to get support and live a healthy and rewarding life. It also claims that volunteering with young people, and empowering them to volunteer, enables them to make a positive difference in their communities. It not only boosts their confidence and expands their social circle, it enhances their life skills and future employability.

[Looking specifically about volunteering with older people \(and this is not restricted to children or young people\) a number of organisations suggest some of the benefits. For example Contact the Elderly claims](#) that by volunteering with Contact the Elderly you can find enjoyment and fulfilment in helping to make a re difference to the lives of older people who are otherwise isolated from family and friends.”

Independent Age: says “People are quite often surprised by how much they receive back when they volunteer. The act of giving your time to help another person fight through their loneliness or social isolation can lead to a great feeling of accomplishment and happiness. We provide volunteers with training and a dedicated support network. You will also be given the opportunity to share your experiences with other volunteers through our local and national volunteer events which take place throughout the year.”

Royal Voluntary Service suggests ten reasons for why people should volunteer with older people: make a difference to the lives of older people, make yourself feel great, get to know some really interesting people, be inspired and be inspiring, get out and about locally, career kudos, learn new skills, make the most of your retirement (not applicable to our research), it's flexible and be part of an important, and growing, movement. All volunteers receive a thorough induction before they start. All volunteers are given a named person to supervise them. Anyone over 14 years old can volunteer.

On who volunteers and why Volunteer Scotland, in a survey of young people and volunteering in Scotland (not specific for volunteering with older people), has a number of relevant findings (Volunteer Scotland, 2017). These include the fact that girls are more likely to volunteer regularly than boys. Also that age is a factor that affects volunteering - the older the young person, the more frequently they volunteer (higher volunteering rates for 16-18 year olds compared to 11-13 and 14-15 year olds).. Why volunteer i.e. the benefits of volunteering for young people: are experience, enjoyment. But there are drawbacks such as not enough time (too many other pressures), do not see the point in volunteering, friends would not think that it is ‘cool’ that they volunteer and not easy to find out about volunteering opportunities. Sometimes young people failed to see the positive effects of volunteering - they were not interested in something that did not pay. Young people had quite a traditional view of volunteering - that it meant giving up a lot of time, regularly, over a long period. How young people think volunteering can be made more attractive: better advertising of excitement/fun associated with volunteering, more emphasis on showing how volunteering can help with CV.

4. Findings

4. i The nature of volunteering

Of the eight medical students, seven had undertaken their volunteering in a care home and one in extra care housing. All of the students reported volunteering in their hometown before they moved to their university town. Only one student reported continuing after starting university. The

majority of students stopped volunteering after they gained a place at medical school due to a “*lack of time*” and “*lack of incentive*”.

Tasks undertaken during the volunteering were varied. All students reported chatting, looking through photo albums and helping with activities or games. Four of the students assisted with practical tasks such as catering, including making teas and coffees. Additionally, four were involved in personal care, such as nail painting, brushing hair and supervising the older person while they were walking around.

All eight students volunteered to enhance their medical school application. Two students said that their original motives for volunteering were to “*boost [their] personal statement*” and “*gain some experiences that [they] would be able to add to [their] CV*” in order to help them get into medical school. Three students did volunteering as a part of their Duke of Edinburgh’s award in addition to their medical school application. One student said “*I initially started volunteering because I needed a volunteering role for my Duke of Edinburgh award but at the back of my mind I thought it would also be useful for my application for medicine*”. Another student said “*I was motivated by a combination of wanting to give back to the community, wanting to gauge if I was capable of fulfilling the caring aspect that medicine requires and making my application more competitive with other applicants- a sort of tick box exercise.*” Overall, most of the students volunteered to increase their chances of being accepted into medical school. However, while volunteering in care homes, many students gained valuable skills and experiences that affected their perceptions of older people.

4. ii. Perceptions of older people

The group had varied perceptions of older people before volunteering based mainly on interactions with their grandparents and influences from the media. One student had negative perceptions of older people stemming from conflicts with regards to their attitudes and behaviours. This student said “*I grew up in a neighbourhood with a large proportion of older people, some of whom would complain if we were playing games too loud... others seemed nice enough but boring and uncomfortable to be around*”. Prior to volunteering, some students held negative preconceptions about older people due to media advertisements that depicted older people as frail, infirm and disabled. In contrast, some students had more positive perceptions of older people stemming from experiences with their grandparents and conversations with others who had volunteered. For example, one student said “*I thought that the majority of older people would be very open and friendly and would really like me to talk to them*”. Overall, most students did not have much contact with older people prior to volunteering, except for grandparents.

The volunteering experience changed many of the students’ perceptions of older people. For one student, the volunteering experience further cemented their preconceptions that older people are frail and sick individuals as many of the care home residents were severely ill. Nevertheless, this

student understood that “*older people in care homes are not a true representation of all older people*”. Similarly, the volunteering experience enlightened students, who previously had mainly positive perceptions of older people, to the diverse nature of old age. For example, one student said “*I saw all older people as being similar to my grandparents who were active and healthy*”, however after volunteering they said “*my perceptions changed in that I saw older people in a different light, I had never seen older people in this dependent way, with severe Alzheimer’s disease*.” In contrast to the negative perceptions obtained from volunteering, one student suggested that the experience highlighted that older people have “*just as much humour, creativity and a range of emotions that younger people do*”.

Prior to volunteering, some students were unable to recognise the diversity of this group, however after the volunteering experience many students appreciated the various forms of the ageing process. One student said “*the diversity of older people is astounding. Looking around the room of people roughly the same age and seeing one entirely disabled and another coaching everyone how to properly stand... made me realise that not all older people are the same*”. Similarly one student highlighted that the experience made them “*cautious not to stereotype older people*”. Not only did interacting with older people affect some students’ perceptions, interacting with care home staff also impacted the way in which students perceived older people. For example, one student said “*talking to the staff and medical professionals who cared for their health and social care needs gave me a greater understanding of the complexity involved in the management of the care needs of older people*”. Although the volunteering experience made many students more aware of the diversity of older age, for one student the experience of volunteering in a care home created a skewed image of older people. This student said “*I think maybe my volunteering experiences skewed my perception of older individuals because after it, I began to think that a lot of them are lonely and unhappy with their lives*”. Nevertheless, this student was able to acknowledge that in reality “*there are many healthy and happy older individuals*”.

Exposure to severely ill older people, many of whom had dementia, was a learning experience for most students. Prior to volunteering they did not have regular interactions with older people with dementia, however after volunteering one student said “*volunteering in a care home was the first time I saw older people with dementia and other cognitive problems, which I found quite shocking at first. I became accustomed to this quickly, which has helped me to understand the struggles that some older people face*”. Students also indicated that they had gained a better understanding of how to approach older people with dementia and respond to situations in which older people had memory loss. Furthermore, some students learnt the importance of taking a holistic approach to clinical medicine from their interactions with care home residents who had dementia. For example, one student, who has since interacted with patients with dementia during their clinical placement, said “*I remembered that they have lives and families before the disease. It is important to take that person as a whole and not just focus on the current disease*”.

4. iii. Reflections on volunteering

Not only did volunteering affect students' perceptions of older people, it also influenced some student's current interests in Gerontology. Five students said that the experience of volunteering had influenced their current interest in Gerontology. One student said "*volunteering helped me to realise how worthwhile and interesting it would be to work with older people*". Similarly, another student said that "*volunteering had a lasting impact on me and when I saw this course (the iBSc in Gerontology) was offered my previous experience played a role in why I chose it*". Although the majority of students felt that their volunteering experience heightened their interest in Gerontology, three students suggested that volunteering in a care home did not have a significant impact on their current interests. For example one student suggested that their third year elderly care placement was the biggest influence but "*perhaps volunteering in a care home laid the foundation stone for this*". Another student endorsed this by suggesting that their geriatric medicine placement at medical school had the most influence.

Students also reflected on the impact of their volunteering on older people and whether they felt that the care home residents benefited from their presence. The majority of the students felt that there were some benefits to the older residents, such as offering companionship. For example one student said "*I do feel they benefitted from having younger volunteers, as sometimes they had no family to visit them so it was a nice change to speak to the volunteer*". Nevertheless, some students felt that their volunteering had little positive impacts on the older people. For example, one student suggested their presence was not beneficial as the care home was well staffed and organised, however they hoped their interaction with the care home residents was "*beneficial for lifting spirits and adding variety to their lives*". A couple of students suggested that student volunteering was only a short term solution to the residents' isolation and would have no lasting positive impacts on the residents. Furthermore, one student said "*the residents would often happily talk amongst themselves and sometimes I felt that I wasn't needed*". However, this student also suggested that some isolated older people who were too anxious to talk to other residents may have benefitted from their presence in the short term.

In terms of skills learnt during the volunteering, all students agreed that they had learnt communication skills and one student said "*I believe that through volunteering with older people I learned to become a better listener and to always allow people a chance to say something, no matter their perceived mental capacity*". The skills gained during volunteering were also beneficial to students during medical school, for example a student said "*I found it much easier to build rapport and take histories from older people. These communication skills have really helped me in my OSCE (Objective Student Clinical Examination) exams.*" Half of the students also mentioned learning specifically about dementia, including how to communicate with dementia patients. This encompassed the learning of listening skills and patience and one student also felt it had allowed them to develop coping skills. Another student learned useful communication skills for clinical practice through interacting with residents who had dementia who required repetitive communication. Additional skills learnt were moving and handling people. .

Prior to volunteering, the students expected to gain very little from volunteering with older people. When they reflected on their experiences, six said that their volunteering role met their expectations, with three of those students mentioning that their expectations had been exceeded. For example, one student said, *“Although my main reasons for volunteering were to enhance my medical school application and its success, I ended up getting a lot out of it.”* More specifically, another student stated that they *“would have never expected to learn so much about older people just from this experience.”* In contrast, one student hoped to have a more hands on experience, but understood that they would need to undergo training in order to gain this skill.

There were no differences between students from different ethnic backgrounds nor for the student who volunteered in extra care housing.

5. Conclusions:

All the students had initially volunteered to enhance their CV for medical school. After volunteering they had a greater realisation of the variety of older people and the diverse nature of the ageing process. They also gained a number of transferable skills related to communicating with older people, especially older people who have cognitive impairment. The greatest learning experience had been around issues to do with dementia as few had previously been exposed to them. They had valued this experience now as medical students. This was not only understanding the condition but also empathising with relatives.

6. Recommendations

6.. i. Recommendations for Practice:

In light of the increasing proportion of older people within the population and the increased use of health services by this group, encouraging prospective medical students to volunteer with older people can be seen as beneficial. This can be further highlighted by the experiences described by the eight medical students in this study. The responses to the questionnaires showed that volunteering in this capacity can change the perceptions held by these prospective students, often enlightening them to the diversity of this population.

Despite the benefits, as shown by our brief search of medical school entry advice, there is currently no consistent formal advice encouraging prospective medical students to volunteer with older people. It would be beneficial if medical schools provided clearer advice or took a more active stance, for example, specifying this as an extracurricular requirement, on encouraging their prospective students to take part in some form of volunteering with older people. This would be an extension of the WHO recommendations to ensure that every medical student acquires the basic skills for caring for older patients (Roller and Petermans, 2015).

It would also be beneficial if care homes could be more proactive in encouraging prospective medical students to volunteer.

6 ii Recommendations for future students

In response to the question ‘Would you recommend a similar experience to peers or younger people?’ all the students believed that volunteering was beneficial. Many students considered their volunteering placements to be eye opening experiences. For example, one student said that volunteering “*takes you out of a bubble you might be living in*”. Another student expanded on this and stated that volunteering “*opens your eyes to ageing and older people. It allows you to understand and empathise with older people who are in care homes, and not to be afraid of it like some are*”. Similarly, a student “*would 100% recommend it because it opens your eyes to a part of the population that young people are often not in contact with unless through grandparents*”. Other students believed that volunteering equipped them with lifelong skills; one student explained that “*through volunteering I learned to be more open-minded about people. And also to talk to a broader range of people. I think these are vital skills for life*”. Another student was very explicit and said: “*I would encourage all younger people applying to medical school to do some work with older people. Not only did it give me a platform to display all the characteristics I was hoping to, and give me a basis for justifying statements in my personal statement during my interview, but it taught me a lot about the reality of healthcare and life, and a lot about the demographic that I have been in most contact with at medical school. For the lessons it taught me about diversity, empathy and respect, I would also recommend it to any young person hoping to give a little bit back to the community and looking for fulfilment*”.

6 .iii Recommendations for future research:

Although this study has explored the impact of volunteering on older people from the perspective of students, it would be useful to conduct research into older adults' attitudes towards the contribution of potential medical students to their own lives and to the home. This feedback from residents would allow a greater understanding of what types of student involvement would be helpful. Additionally, as this study has focussed on the experiences of students in care homes and extra care housing, it may be beneficial to carry out research into whether there are similar benefits of volunteering at other settings with older people.

Further research should also aim to obtain a larger sample size and gain insight into varying perspectives. This study was somewhat limited in that it could not differentiate between the experiences of male and female medical students because of the demographics of the sample. Further research should also consider the views of students who have not already demonstrated an interest in geriatric medicine; all of the students who completed the questionnaire were already studying an iBSc in Gerontology.

Research limitations: The research is based on eight students although they were from different areas

Ethical approval

The research was approved by the King's College Research Ethics Committee.

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Conflicts of interest

There are no conflicts of interest

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Volunteering with Older People in a Care Home 2.8.17

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